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[Lawrence J. Merkel (Depositor's name)] MAR 1 1 2005 Conley, Rose & Tayon, P.C. P.O. Box 398 Austin, TX 78767 (Depositor's name) 03/14/2005 EHAILE2 00000068 501505 10023310 01 FC:1501 1400.00 DA (Date) APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/023,310 12/17/2001 Chetana N. Keltcher 5500-75900 2304 TITLE OF INVENTION: USING MICROCODE TO CORRECT ECC ERRORS IN A PROCESSOR APPLN. TYPE SMALL ENTITY **ISSUE FEE PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE 05/10/2005 \$1400 \$1400 nonprovisional **EXAMINER** ART UNIT **CLASS-SUBCLASS** TORRES, JOSEPH D 2133 714-763000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). For printing on the patent front page, list Lawrence J. Merkel (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Meyertons, Hood, Kivlin, Kowert & (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Goetzel, P.C. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Sunnyvale, CA Advanced Micro Devices, Inc. Individual Corporation or other private group entity Government Please check the appropriate assignee category or categories (will not be printed on the patent): 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 501505/5500-75900 (enclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

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